



SWANSON PSYCHOLOGY, INC.

A Psychological Corporation

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CONSENT FOR TELEPSYCHOLOGY TREATMENT

Introduction:

Telepsychology (also known as “Teletherapy”) is a manner of interactive psychological services provided through a secure audio or audiovisual electronic system wherein the psychological service provider (“psychologist”) and the client are in different physical locations. Telepsychology commonly involves an arranged therapy session wherein the psychologist and the client communicate and/or interface through their telephonic and/or internet devices. Telepsychology sessions are utilized for the same purposes as standard or traditional in-office, face-to-face psychotherapy sessions. However, due to the technological and logistical nature of the telepsychology sessions, clients may experience such sessions as different from the standard or traditional psychotherapy sessions.

The potential advantages of telepsychology include increased accessibility to psychological care, as well as increased client convenience. However, several potential disadvantages also exist, including the possible reduction or failure of security protocols resulting in a breach of privacy of the client’s confidential information. Due to the potential disadvantages of telepsychology, standard or traditional face-to-face psychotherapy sessions are the best alternative to the utilization of telepsychology and, accordingly, are preferred whenever possible.

Please be advised that clients who are actively at risk of harm to self or others are not suitable for telepsychology services. Should you be at risk or become at risk in the future, please immediately notify your psychologist. The psychologist will provide and/or recommend more appropriate services.

Technology:

The client is required to access and utilize a secure telephone and/or a secure personal computer with webcam capabilities and internet access. In addition to mobile and landline telephone services, clients may utilize the Skype or FaceTime internet video conferencing software applications; these technologies are encrypted to prevent the unauthorized access of private and confidential information. The utilized interactive electronic systems incorporate network and software security protocols to protect the confidentiality of patient information, as well as audio and visual data. Although these protocols include measures to safeguard the data and to assist in protecting against intentional or unintentional corruption, these electronic systems may not comply with HIPAA; the federal medical privacy law. Clients should address any and all questions or concerns regarding the foregoing technology with their psychologist.

Client Rights and Risks of Telepsychology:

- I understand that all laws, rules, regulations and professional standards that apply to the practice of psychology in the State of California also apply to the utilization of telepsychology.
- I understand that the laws that protect the privacy and confidentiality of my medical/psychological information also apply when utilizing telepsychology.
- I understand that all exceptions to client confidentiality policies that apply to standard or traditional face-to-face psychotherapy sessions also apply to telepsychology services.

- I understand that I have the right to withhold or withdraw my consent to the utilization of telepsychology during the course of my care at any time. I understand that my withholding or withdrawal of such consent will not affect my opportunity to receive further treatment. Moreover, I further understand that, in the event that I withhold or withdraw such consent, my psychologist will assist me to obtain alternative forms of care.
- I understand that my psychologist maintains, at all times, the right to determine that telepsychology sessions are not appropriate for your care. Should such determination be made, I understand that my psychologist will continue with face-to-face psychotherapy services or, in the alternative, provide appropriate referral information to other services.
- I understand that e-mails and text messaging are not appropriate methods of communicating psychotherapeutic issues. Accordingly, should I send an e-mail or text message to my psychologist regarding my psychological concerns, thoughts, or feelings, this information shall be discussed during the following session.
- I understand that the internet conferencing technology (e.g., Skype and FaceTime) utilized by my psychologist is encrypted to prevent the unauthorized access to my private medical/psychological information.
- I understand that, despite the best efforts of your psychologist to ensure high encryption and secure technology, there is always a risk that the transmissions during telepsychology can be breached and accessed by unauthorized persons.
- I understand that telepsychology services can be disrupted or distorted by unforeseen technical problems. I further understand that I, and not my psychologist, am responsible for the configuration and functioning of any electronic equipment or device (e.g., telephone, computer, etc.) that I utilize during the telepsychology session.
- I understand that telepsychology involves the risk of being overheard by anyone in close proximity to me when I neglect to situate myself in a private room or environment. Accordingly, I understand that I am responsible for establishing, maintaining and using a comfortable and safe environment during the telepsychology session for my side of the transmission. I further understand that my psychologist shall do the same on the other side of the transmission. Moreover, I understand and agree to immediately inform my psychologist if and when others can hear or see any part of the telepsychology session for my side of the transmission, and I further understand that my psychologist shall do the same on the other side of the transmission.
- I understand and agree that I will not record any telepsychology session, or portion thereof, without the written consent of my psychologist and, similarly, my psychologist will not record any telepsychology session, or portion thereof, without my written consent.

Patient Consent To The Use of Telepsychology:

I have read and understand the information provided above regarding telepsychology, have discussed the information with my psychologist, and all of my questions have been answered to my satisfaction. By signing below I am waiving my HIPAA privacy rights with specific regard to the utilization of telepsychology, and I hereby give my informed consent for the use of telepsychology in my care.

Patient's Signature: _____

Date: _____

Guardian's Signature: _____

(if patient is a minor)

Date: _____